


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages this report: 24
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Ms. Ada		OFFICE USE ONLY Date Received  Date Hand-Delivered or Date Postmarked Receipt # Date Processed Date Imaged
	NICKNAME LAST SUFFIX Edwards		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 667307 Houston TX 77266-7307		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Ms. Monica		
	NICKNAME LAST SUFFIX Lamb		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 667307 Houston TX 77266-7307		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 523-1762		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election. <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 11/22/2001 12/31/2001		
10 ELECTION	ELECTION DATE Month Day Year 12/01/2001		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) City Council, District D
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME
Ms. Ada Edwards

15 ACCOUNT # (Ethics Commission filers)

**16 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

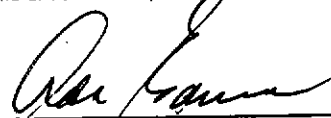
.. This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE
COMMITTEE NAME
☐ **GENERAL**
COMMITTEE ADDRESS
☐ **SPECIFIC**
COMMITTEE CAMPAIGN TREASURER NAME
☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS
**17 NO REPORTABLE
ACTIVITY**
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**18 CONTRIBUTION
TOTALS**
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED
\$ 0.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)
\$ 26501.00
**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED
\$ 0.00
4. TOTAL POLITICAL EXPENDITURES
\$ 29495.25
**OUTSTANDING
LOAN TOTALS**
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD
\$ 0.00
19 AFFIDAVIT

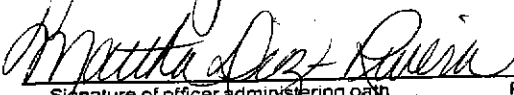
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

 Sworn to and subscribed before me, by the said Ada Edwards, this the 15th day of January 20 02, to certify which, witness my hand and seal of office.



Signature of officer administering oath

 Printed name of officer administering oath MARTHA DIAZ RIVERA

 MARTHA DIAZ RIVERA
MY COMMISSION EXPIRES
September 14, 2003

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 19	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert M. Singleton	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Kenneth Neil Jones	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert Weinberger	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Owennetta Hamrick	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Mary Lynn Pannill	7 Amount of contribution (\$): \$75.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 19	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert Lay-Su	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Olga L. Rodriguez	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ernst Roth	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Anthony Ogbo	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Douglas M. Selman	7 Amount of contribution (\$): \$150.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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The Instruction Guide explains how to complete this form.


1 Total pages this schedule A1: **19**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/26/20015 Full Name of Contributor:
Robert E Galloway☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/26/20015 Full Name of Contributor:
Nelda Conner Lewis☐ out of state PAC7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/26/20015 Full Name of Contributor:
Senetta Clifton☐ out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/26/20015 Full Name of Contributor:
Mary Comeaux-Taylor Ross☐ out of state PAC7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/26/20015 Full Name of Contributor:
Jane Rose Nyambura☐ out of state PAC7 Amount of
contribution (\$):
\$50.008 In kind
contribution
(if applicable) :6 Contributor Address: City, State, Zip Code


9 Principal Occupation (Optional):

10 Employer (Optional):

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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 19	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. Thomas Smith	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Brian G. Smith	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Hilda L Durden	7 Amount of contribution (\$): \$35.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. Treadway Brogdon	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert De Roy Jobe	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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1 Total pages this schedule A1: **19**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/26/20015 Full Name of Contributor:
Hermachandra Prasad Kolluru☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/26/20015 Full Name of Contributor:
Vic Bonner☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/26/20015 Full Name of Contributor:
Corinne C Reed☐ out of state PAC7 Amount of
contribution (\$):
\$70.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/26/20015 Full Name of Contributor:
Robert Alwalee☐ out of state PAC7 Amount of
contribution (\$):
\$30.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/26/20015 Full Name of Contributor:
Zuberi Iddi Mwamba☐ out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

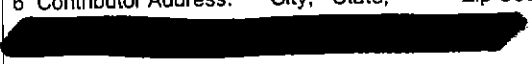




9 Principal Occupation (Optional):

10 Employer (Optional):

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2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Marian M. Donly	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joan C. Denkler	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Bill Patterson	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John K. Spear	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Michael Bailey	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Frank Fossella	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alcon Lighcraft Co.	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Grantham Pest Control, LLC	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Charles E Slade	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/26/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dalton C. Dehart	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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1 Total pages this schedule A1: **19**

2 FILER NAME:

Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/26/2001

5 Full Name of Contributor:

Ester King☐ out of state PAC7 Amount of
contribution (\$):**\$100.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

11/27/2001

5 Full Name of Contributor:

Elisabeth B Huffer☐ out of state PAC7 Amount of
contribution (\$):**\$20.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

11/27/2001

5 Full Name of Contributor:

Alonzo Peters☐ out of state PAC7 Amount of
contribution (\$):**\$1,500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

11/27/2001

5 Full Name of Contributor:

Judson W. Robinson☐ out of state PAC7 Amount of
contribution (\$):**\$250.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date

11/27/2001

5 Full Name of Contributor:

Angelique Feaster Coleman☐ out of state PAC7 Amount of
contribution (\$):**\$1,500.00**8 In kind
contribution
(if applicable):

6 Contributor Address: City, State, Zip Code

9 Principal Occupation (Optional):

10 Employer (Optional):

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1 Total pages this schedule A1: **19**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date
11/27/20015 Full Name of Contributor:
Wilmoth Loper Williams☐ out of state PAC7 Amount of
contribution (\$):
\$15.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/27/20015 Full Name of Contributor:
Alma Y. West☐ out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/27/20015 Full Name of Contributor:
Kevin J. Ney☐ out of state PAC7 Amount of
contribution (\$):
\$100.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/27/20015 Full Name of Contributor:
Charles Spain☐ out of state PAC7 Amount of
contribution (\$):
\$25.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

4 Date
11/27/20015 Full Name of Contributor:
Anthony Haley☐ out of state PAC7 Amount of
contribution (\$):
\$500.008 In kind
contribution
(if applicable):6 Contributor Address: City, State, Zip Code
[REDACTED]

9 Principal Occupation (Optional):

10 Employer (Optional):

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1 Total pages this schedule A1: **19**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC C M Garver	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Steve J. Louis	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Yancy L. Saunders	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Joan C. Edwards	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Williams, Birnberg & Anderson	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 11/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Law Offices of Reginald E. McKamie	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <div style="background-color:black; height:15px; width:100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/27/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC ANSUN PAC	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <div style="background-color:black; height:15px; width:100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/28/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Grande Communications Networks, Inc. PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <div style="background-color:black; height:15px; width:100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/28/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Raquel Boutte	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <div style="background-color:black; height:15px; width:100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/28/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert C. McNair	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <div style="background-color:black; height:15px; width:100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 19	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 11/28/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Glenn Martin	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <div style="background-color:black; height:15px; width:100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/28/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC D-A-L Records	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <div style="background-color:black; height:15px; width:100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/28/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Darryl Carter	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <div style="background-color:black; height:15px; width:100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/28/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Outdoor PAC	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <div style="background-color:black; height:15px; width:100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC James C. Box	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code <div style="background-color:black; height:15px; width:100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.

1 Total pages this schedule A1: **19**2 FILER NAME: **Ada Edwards**

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Greater Greenspoint PAC	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sparks-Barlow-Barnett	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Fulbright & Jaworski Tx. Committee	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John W Gravenor	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC J. S. Stone	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code [REDACTED]			
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 19	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 11/29/2001	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor: Judy McConnell</div><div><input type="checkbox"/> out of state PAC</div></div>	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	<div style="display: flex; justify-content: space-between;"><div>6 Contributor Address: City, State, Zip Code</div></div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/29/2001	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor: Alfred Taylor</div><div><input type="checkbox"/> out of state PAC</div></div>	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	<div style="display: flex; justify-content: space-between;"><div>6 Contributor Address: City, State, Zip Code</div></div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/29/2001	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor: F. M. Stone</div><div><input type="checkbox"/> out of state PAC</div></div>	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	<div style="display: flex; justify-content: space-between;"><div>6 Contributor Address: City, State, Zip Code</div></div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

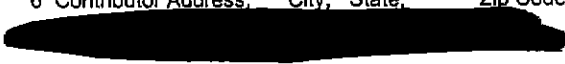
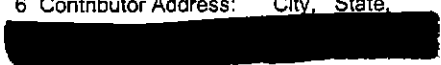

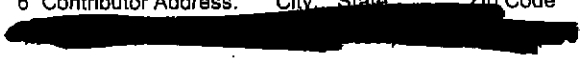
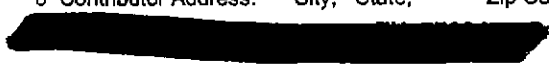
4 Date 11/29/2001	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor: Larry Criswell</div><div><input type="checkbox"/> out of state PAC</div></div>	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	<div style="display: flex; justify-content: space-between;"><div>6 Contributor Address: City, State, Zip Code</div></div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/29/2001	<div style="display: flex; justify-content: space-between;"><div>5 Full Name of Contributor: Raymond Fisher</div><div><input type="checkbox"/> out of state PAC</div></div>	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	<div style="display: flex; justify-content: space-between;"><div>6 Contributor Address: City, State, Zip Code</div></div> <div style="background-color: black; height: 1.2em; width: 100%;"></div>		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)


The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 19	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/29/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Craig M Ottinger	7 Amount of contribution (\$): \$300.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Lynne Huffer	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Houston Associated General Contractors PAC	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Paul A Christy	7 Amount of contribution (\$): \$60.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 11/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Judith Craven	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
6 Contributor Address: City, State, Zip Code 			
9 Principal Occupation (Optional):		10 Employer (Optional):	


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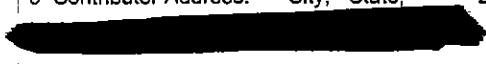
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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

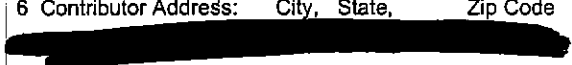
The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 19	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 11/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dalton C. Dehart	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Alice B Otchere	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 11/30/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Sunni Smith	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/3/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Dionel E. Aviles	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/5/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC International Brotherhood of Electrical Workers, IBEW LU 716	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code 		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 19	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 12/5/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC John C Brittain	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/5/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Yolanda Alvarado	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/10/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Uptown Houston Political Action Committee	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/10/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gerald Wilson	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/10/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Gwendolyn C. Fedrick	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code [REDACTED]		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 19	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	

4 Date 12/10/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jean R. Sutherland	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED] TX 78701		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Keith V Branch	7 Amount of contribution (\$): \$200.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED] TX 78701		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jean W. Dember	7 Amount of contribution (\$): \$10.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED] TX 78701		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC D Fred Martinez	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED] TX 78701		
9 Principal Occupation (Optional):		10 Employer (Optional):	

4 Date 12/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Ali Davari	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code [REDACTED] TX 78701		
9 Principal Occupation (Optional):		10 Employer (Optional):	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**

(FOR FORMS C/OH and SPAC)

The Instruction Guide explains how to complete this form.		1 Total pages this schedule A1: 19	
2 FILER NAME: Ada Edwards		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC H A A Better Government Fund 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$4,000.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 12/12/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Texas Weston PAC 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 12/19/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Jerome Robinson 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$1.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	
4 Date 12/19/2001	5 Full Name of Contributor: <input type="checkbox"/> out of state PAC Robert A Robinson 6 Contributor Address: City, State, Zip Code [REDACTED]	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal Occupation (Optional):		10 Employer (Optional):	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
1/5**2** FILER NAME
Ms. Ada Edwards**3** ACCOUNT # (Ethics Commission filers)**4** Date
11/27/2001**5** Payee name
Ada Edwards**7** Amount
(\$)
166.30**6** Payee address; City; State; Zip Code
PO Box 667307
Houston TX 77266**8** Purpose of expenditure (See instructions regarding type of information required.)
Truck Rental**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
11/29/2001**Payee name**
Grant Martin Consulting**Amount**
(\$)
14.80**Payee address; City; State; Zip Code**
1639 Harold
Houston TX 77006**Purpose of expenditure (See instructions regarding type of information required.)**
Postage**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
11/29/2001**Payee name**
Industrial Printers**Amount**
(\$)
1633.28**Payee address; City; State; Zip Code**
1230 Houston Ave
Houston TX 77007**Purpose of expenditure (See instructions regarding type of information required.)**
Door Hangers**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
11/28/2001**Payee name**
Janice Forbes**Amount**
(\$)
400.00**Payee address; City; State; Zip Code**
3806 Southmore
Houston TX 77004**Purpose of expenditure (See instructions regarding type of information required.)**
Catering**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
2/5**2 FILER NAME**

Ms. Ada Edwards

3 ACCOUNT # (Ethics Commission filers)**4 Date**

11/29/2001

5 Payee name

Kaleidoscope Group

7 Amount(\$)
600.66**6 Payee address; City; State; Zip Code**

5757 Woodway

Houston TX 77057

8 Purpose of expenditure (See instructions regarding type of information required.)

Phone Calls

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

11/27/2001

Payee name

Majic 102 FM

Amount(\$)
2500.00**Payee address; City; State; Zip Code**

24 E Greenway Palaza

Houston TX 77056

Purpose of expenditure (See instructions regarding type of information required.)

Advertising

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

11/29/2001

Payee name

Majic 102 FM

Amount(\$)
1000.00**Payee address; City; State; Zip Code**

24 E Greenway Palaza

Houston TX 77056

Purpose of expenditure (See instructions regarding type of information required.)

Advertising

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

11/29/2001

Payee name

NP Services

Amount(\$)
1200.77**Payee address; City; State; Zip Code**

1113 Vine Street, Suite 120

Houston TX 77002

Purpose of expenditure (See instructions regarding type of information required.)

Mail House

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
3/5**2 FILER NAME**

Ms. Ada Edwards

3 ACCOUNT # (Ethics Commission filers)

4 Date 11/27/2001	5 Payee name One Source Communication	7 Amount (\$) 13184.03
	6 Payee address; City; State; Zip Code 1800 South Loop West Houston TX 77027	

8 Purpose of expenditure (See instructions regarding type of information required.) Printing and Mail House	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 11/29/2001	Payee name One Source Communication	Amount (\$) 793.00
	Payee address; City; State; Zip Code 1800 South Loop West Houston TX 77027	

Purpose of expenditure (See instructions regarding type of information required.) Printing & Mailhouse	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 11/29/2001	Payee name Regal Plastics	Amount (\$) 821.38
	Payee address; City; State; Zip Code 1700 Wirt Road Houston TX 77055	

Purpose of expenditure (See instructions regarding type of information required.) Yard Signs	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 11/27/2001	Payee name Sprint Digital Printing	Amount (\$) 1515.50
	Payee address; City; State; Zip Code 3612 Mangum Houston TX 77042	

Purpose of expenditure (See instructions regarding type of information required.) Printing and Reproduction	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
4/5**2** FILER NAME
Ms. Ada Edwards**3** ACCOUNT # (Ethics Commission filers)

4 Date 11/27/2001	5 Payee name Tamara Jones	7 Amount (\$) 120.35
	6 Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	

8 Purpose of expenditure (See instructions regarding type of information required.) Event Expense	9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 11/27/2001	Payee name Tamara Jones	Amount (\$) 400.00
	Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	

Purpose of expenditure (See instructions regarding type of information required.) Telephone	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 12/06/2001	Payee name Tamara Jones	Amount (\$) 1540.39
	Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	

Purpose of expenditure (See instructions regarding type of information required.) Payroll	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 12/20/2001	Payee name Tamara Jones	Amount (\$) 1540.39
	Payee address; City; State; Zip Code 935 Fugate Houston TX 77009	

Purpose of expenditure (See instructions regarding type of information required.) Payroll	Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
5/5**2 FILER NAME**

Ms. Ada Edwards

3 ACCOUNT # (Ethics Commission filers)**4 Date**

11/29/2001

5 Payee name

Texas Printing

7 Amount
(\$)

814.40

6 Payee address; City; State; Zip Code

4715 Main Street

Houston TX 77002

8 Purpose of expenditure (See instructions regarding type of information required.)
Printing**9 Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**

11/27/2001

Payee name

Veon McReynolds

Amount

(\$)

1250.00

Payee address; City; State; Zip Code

3612 Mangum

Houston TX 77042

Purpose of expenditure (See instructions regarding type of information required.)
Printing and Reproduction**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held